

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # P96000091834 (7)

1. Corporation Name
SABAA CO.

Principal Place of Business
1399 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

Mailing Address
1399 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9 Sunrise Avenue
Suite, Apt. #, etc.
22
City & State
23 Ormond Beach, Fl.
Zip Country
24 32176 25 Volusia 29 32176 30 Volusia

2a. Mailing Address
26 9 Sunrise Avenue
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach, Fl.
Zip Country
29 32176 30 Volusia

3. Date Incorporated or Qualified 11/05/1996
3a. Date of Last Report N/A
4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MNEIMNE, MAHMOUD A
1399 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent
81 Name
Mneimne, Mahmoud A.
82 Street Address (P.O. Box Number is Not Acceptable)
9 Sunrise Avenue
83
84 City
Ormond Beach, FL 85 Zip Code
32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mahmoud A. Mneimne* Mahmoud A. Mneimne 7/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME MNEIMNE, SOUHIL
STREET ADDRESS 1399 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D Change ☐ Addition
1.2 NAME Mneimne, Souheil Mohamad
1.3 STREET ADDRESS 9 Sunrise Avenue
1.4 CITY-ST-ZIP Ormond Beach, Fl. 32176
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Souheil Mohamad Mneimne* Souheil Mohamad Mneimne (POA) 7/18/97 (004) 441-0600

CP2E034 (4/97)